



INSTITUTE OF SOCIAL  
MEDICINE

10. PARK ROAD,  
OXFORD

County Borough of Burton upon Trent

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EDUCATION COMMITTEE

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# ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

FOR THE YEAR 1949

BY

W. ALCOCK

M.B., Ch.B., B.Hy., D.P.H.

*SCHOOL MEDICAL OFFICER*



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## Staff of the School Health Service

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*School Medical Officer :*

WILLIAM ALCOCK, M.B., Ch.B., B.Hy., D.P.H.

*Assistant School Medical Officers :*

LESLIE A. McDOWELL, M.B., B.Ch., D.P.H.  
(until April, 1949)

WILLIAM C. COLLINS, M.B., B.Ch., B.Sc., D.P.H.  
(from May, 1949)

E. ANNE PERROTT, M.B., B.S., D.P.H.

*School Dental Officer :*

J. E. W. STATHAM, L.D.S.

*Dental Attendant :*

MRS. N. E. WOOLLEY

*Cleansing Attendant :*

MISS E. IRONMONGER  
(from September, 1949)

*Clerks :*

MRS. G. H. WATSON

MISS M. BELL  
(from September, 1949)

MISS M. BANNISTER  
(left September, 1949)

*School Nurses :*

MISS M. MOORE, S.R.N., S.C.M.  
MISS M. E. COLEMAN, S.R.N., S.C.M.

# Annual Report of the School Medical Officer For the Year 1949

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*To the Chairman and Members of the Education Committee.*

I have much pleasure in submitting my Annual Report for the year 1949.

The general health of school children has maintained a satisfactory level. There was a mild epidemic of measles, but otherwise the incidence of infectious disease remained low.

Although there were a few cases of Poliomyelitis in the town during the year, none occurred in children of school age.

There were no cases of diphtheria and it is gratifying to report that 97% of the school population have been immunised against this disease. The importance of giving a reinforcing dose on first entry into school now seems to be accepted by parents, and a large number of "booster" doses was given during the year. It is proposed that a further dose shall be offered to children at the age of ten, with a view to maintaining a high level of immunity.

For the past few years, I have commented upon the lack of facilities for the educationally subnormal child. There are serious difficulties in regard both to staff and premises, but I hope that an attempt will be made, in the near future, to deal with this problem.

The School Dental Officer continues to struggle with the large numbers of children in need of urgent dental attention, and has, in consequence, little time to devote to the teaching of oral hygiene. I am afraid there is little prospect of obtaining the second dental officer, whose appointment has been approved, for some considerable time.

The eye service for school children, to the disintegration of which I referred at length in my Report for 1948, is still in an unsatisfactory state, although I am advised that children are obtaining glasses somewhat more quickly than hitherto. The arrangement, whereby children could be referred direct to the General Infirmary, has not so far been put into effect.

The Minor Ailments Clinic continues to do good work. About the same number of children attend, as in previous years, notwithstanding the coming into operation of the new Health Service.

**1. Staff Changes.** The following staff changes took place during 1949. Dr. L. A. McDowell, who had been Assistant School Medical Officer since 1947, resigned in April to take up an appointment elsewhere and was succeeded by Dr. W. C. Collins.

Miss M. Bell took the place of Miss M. Bannister (resigned) as temporary clerk at the School Clinic.

**2. Medical Inspection.** The revised system of medical inspection is now firmly established. All pupils are examined three times during their School life, that is, between the ages of 5—6, 10—11 and 14—15.

Routine inspection is also carried out by the School Nurses of all children in their eighth and twelfth years. At these inspections any defects of importance are reported to the Assistant School Medical Officers who see the child and take any necessary action that may be necessary.

At the School inspections, parents do not co-operate as fully as one would wish, except at the examination of entrants and the second age group. Parents rarely attend at the examination of older children. Very often, unfortunately, it is the parent who has a child with some defect who is missing from these examinations. Naturally, the assistance of parents at medical examinations cannot be over-stressed. It makes for a more complete and thorough history of the case and the confidence of the child is easily gained. 1,970 children had a routine inspection during 1949.

As previously reported, the lack of suitable inspection rooms is still apparent. The privacy and quietness so necessary for a proper medical examination is frequently lacking. The Head Teachers, however, have given their complete co-operation.

### **3. Findings of the Medical Inspection and Treatment of Defects.**

**(a) General Condition.** The new classification of categories is now used, that is, "A—good," "B—fair," and "C—poor." This classification is based on the findings at the clinical examination of the child, and on the height-weight ratio.

The following tables show how the general condition of entrants during 1949 compares with the assessment of nutrition of entrants as recorded in previous years.

Entrants	A—good	B—fair	C—poor
1949	23.1	70.6	6.3
1948	.. ..	19.8	71.1
1946	.. ..	16.1	65.9
1945	.. ..	20.5	66.7
1944	.. ..	21.8	66.2
1943	.. ..	17.0	65.7
1942	.. ..	20.3	70.8
1941	.. ..	14.3	79.0
1940	.. ..	11.3	85.1

As may be seen from these figures, the percentage in category "A" is increased from previous years.

(b) **Nose and throat defects.** Medical Inspection revealed 434 defects of the Nose and Throat, the great majority being enlargement of Tonsils and Adenoids.

Where operative treatment is considered necessary, cases are referred to Mr. R. L. Flett, F.R.C.S., at the General Infirmary. The others are kept under observation at the School Re-Inspections.

Mr. Flett examined and accepted for removal of tonsils and adenoids, 101 children. The waiting list for operative treatment is still formidable. There were 457 cases on the waiting list on December 31st, 1949. Mr. Flett, however, has kindly seen and taken into the Infirmary for operative treatment at least 4 children who, in the opinion of the Assistant School Medical Officers, needed urgent treatment, and were previously on his waiting list.

The outbreak of Infantile Paralysis in the autumn of 1949 when operations were suspended, obviously caused the waiting list to grow somewhat.

It must be borne in mind that enlarged tonsils frequently exist without causing symptoms, and may subside without operative treatment.

(c) **Ear Defects.** There has been a decrease in the number of cases of otorrhoea and otitis media found among school children during the year. Most of the ear defects are treated at the School Clinic and the more resistant cases, and those where specialist advice is deemed necessary, are referred to Mr. Flett at the Burton Infirmary.

The table below shows the number of examinations and treatments carried out during the year.

Number of ear examinations (excluding otoscopy at the Medical Inspection)					97
1. Minor conditions :—					
Wax impaction	..	..	..	..	10
Defective hearing	..	..	..	..	4
Furunculosis	..	..	..	..	—
Catarrh of middle ear	..	..	..	..	—
Otalgia	..	..	..	..	5
					—
					19
					—
2. Otorrhoea. Result of Treatment :—					
Ears dry	..	..	..	..	2
Improved	..	..	..	..	4
To Infirmary	..	..	..	..	—
Ceased attending	..	..	..	..	5
					—
					11
					—

**Deafness.** One child was resident in the Royal Institute for the Deaf at Derby during the whole of 1949, and another was resident for part of the year and is now continuing his education at an ordinary school.

(d) **Defects of Vision.** Since the introduction of the National Health Service, the Eye Clinic run by Mr. Jagger, who was then the School Ophthalmologist, ceased to function. The only alternative left now to the School Medical Staff is to make use of the Supplementary Ophthalmic Regulations. Under these regulations, a school child is referred to his own Doctor, where he may obtain a certificate that it is necessary to consult an Ophthalmic Surgeon, who may prescribe glasses if necessary, and the prescription is taken to a dispensing optician, and glasses obtained.

The number of children requiring replacement and repair of spectacles is very high. The ease with which the above can be obtained is the reason for a good deal of carelessness and neglect on behalf of the children concerned. There is no limit to the number of times repair or replacement forms can be signed by the Medical Officer on behalf of the Local Authority. Cases can be cited where repair forms were signed on three or four occasions in the past school year.

#### (e) Report of the School Dental Officer.

Dealing with the Dental Aspect of the School Medical Service, it is perhaps excusable again to mention, with some severity, the apathetic attitude of a too large proportion of pupils, especially the older ones, to the ordinary every-day obligation of elementary oral hygiene. In spite of repeated scalings and polishings, individual lectures and comparisons with other more scrupulous fellow pupils, far too many allow the neglected condition to remain, or, after treatment, to recur, with the utmost indifference and disregard. To expect that Dentistry is capable of remedying all defects due to self-neglect augurs ill in after years. Indeed, the condition of some mouths must be seen to be believed, and to say that denture wearing at an early age is a sure penalty is to underestimate the case, not forgetting that this, i.e. denture wearing, may prove a sound solution. We may as well expect a medical man to resuscitate the dead as expect Dentistry to overcome the ravages of long-standing neglect.

At a time when some efforts are being made with the object of acquiring knowledge concerning the conditions favourable to the break-up and destruction of dental tissues, it need scarcely be stated that chronic neglect could not possibly contribute anything worth while to research into methods of obtaining immunity from dental lesions. These researches, it may be added, are along the lines of chemical reagents present or absent in the oral cavity: attention lately being directed to the presence of free ammonia. The Dental Press has also lately devoted some space to chemical prevention of dental caries. Good evidence, it is stated, has been furnished of a relationship between one element (fluorine) and a comparative unsusceptibility to caries, it being asserted that the enamel structure of sound teeth contained more of this element when the drinking water of the locality contained 1 part of fluorine to 1 million parts of water, but that dentine structure remained unaltered. It would seem therefore, that all one

has to do is to pay attention to the chemical composition of one's local water and Dentistry becomes a thing of the past ! Unfortunately, it is not likely to be as simple as all that. There are other preventive treatments which can be used, but which fail utterly without full co-operation of all concerned with Juvenile Welfare. These remarks are prompted by what has been said above, the inference being that reasonable personal dental hygiene goes hand-in-hand with any degree of immunity from dental caries. As an example, parents who pride themselves in having their children's welfare at heart would do well to remember the armaments of the mouth, i.e. the teeth, and refrain from hazarding and endangering these structures unnecessarily by giving soft, sugary and sticky confections at unreasonable times, that is when circumstances are favourable to the clogging up of fissures and crevices, with no facilities for cleansing.

This practice is very commonly observed when children are being taken on an outing, and it is perhaps as well that nature, by providing an abundant supply of saliva, attempts, and, indeed, succeeds, in countering some of the ill effects of this treatment by a copious wash of natural oral fluid. There is also the mechanical friction of the tongue and cheek muscles as additional counter measures.

While maintaining that a well-constructed tooth should, and often does, withstand a great deal of abuse, nevertheless, as this description can by no means be applied to all dentitions, anything calculated to minimise the ravages of dental decay cannot be too strongly emphasised.

Perhaps the most outstanding single feature of the past year (1949) has been the withdrawing of the facilities for sending orthodontic cases to the Birmingham Dental Hospital. This ban has been in force since May, 1949, and has resulted in complete stoppage of any treatment, other than by extractions, for these cases. It may be granted that, while in some cases, owing to an unco-operative attitude, little would be achieved and it may have been a wasted recommendation, yet others would undoubtedly have benefited. This cessation of the service has resulted in a good deal of time being wasted by explaining and re-explaining to parents who seem to fail to realise that their child or children are not the only ones in the world. It would seem that an alternative arrangement is called for, bearing in mind that orthodontics calls for premises, stocks of material, plant and staff, and whether the number of cases justified such arrangements.

A good example of School co-operation occurred during the year. A slight mystery prevailed as to why pupils of one of the schools should show such exceptionally good behaviour when attending and having treatment.

Subsequently it was found that any one obtaining a certain mark on their attendance card, showed this to their teacher, and on the following morning each of the recipients of the coveted mark was singled out in school and treated to a hearty round of applause by the rest of the class. The School is Winshill Infants and the Headmistress, Miss Rowland.

J. E. W. STATHAM,  
*School Dental Officer.*

(f) **Orthopaedic Defects.** Children suffering from Orthopaedic defects are now referred to the Burton upon Trent General Infirmary for treatment. The most important defect is poor general posture. Next comes flat feet, and knock knees.

There were 157 children found with orthopaedic defects at the School Routine Examination. Out of this number, 32 were referred for treatment.

Below is an analysis of cases referred to the Infirmary during 1949.

<i>Type of Defect</i>	<i>No.</i>
General Posture .. .. .. ..	6
Flat feet and knock knees .. .. ..	18
Others .. .. .. ..	8

(g) **Diseases of the Skin.** The number of cases of scabies again fell from 23 in 1948 to 20 in 1949. This compares very favourably with the 113 cases which occurred in 1947. Other skin diseases, including Impetigo, totalled 153 this year as compared with 139 in 1948.

(h) **Speech Defects.** Speech therapy continues for two sessions weekly at the Education Offices in Guild Street. Some excellent results have been obtained. Tribute must be paid to Miss Coleman, S.R.N., for her enthusiasm and hard work in obtaining such good results.

The following tables show the types of defects treated and the results obtained.

### DEFECTS TREATED

Defective Consonants	Stammering	Cleft Palate	Total
92	19	1	112

### STAMMERING

Number	Degree			Cured	Much Improved Occasional Difficulty when excited	Result	
	Slight	Con-sider-able	Severe			Improved	Un-changed
19	3	8	8	8	11	—	—

### DEFECTIVE ARTICULATION

Number	Result			
	Cured	Improved	Slight Improvement	Unchanged
92	36	56	—	—

### CLEFT PALATE

Number	Result			
	Cured	Improved	Slight Improvement	Unchanged
1	—	1	—	—

(i) **Infestation with Vermin.** There was an increase in the number of children found to be infested with vermin, the proportion of pupils infested being 9.6%. This indeed is not a very satisfactory state of affairs.

As in previous years, the worst offenders were the older girls at school who had been sent time after time to the School Clinic for disinfection. The usual procedure is to exclude the child from school until certified clean. The facilities available and the home circumstances first being taken into account before issuing an exclusion order.

The total number of School Examinations by School Nurses was 21,523. 586 children were found to be infested with vermin and there were 310 exclusions. Patience and perseverance are very necessary on the part of the School Nurses in eliminating these constant offenders. No cleansing notices were issued in 1949, nor were any cleansing orders made.

**4. Handicapped Pupils.** The distribution of Handicapped Pupils in this area is shown in the following table.

Handicap	Receiving special Educational Treatment	At ordinary School	At no School	Total not receiving special Educational Treatment
Blind .. .	—	—	2	2
Partially Sighted .. .	1	—	—	—
Deaf .. .	1	—	1	1
Partially Deaf .. .	—	—	2	2
Delicate .. .	1	11	—	11
Educationally Subnormal	—	36	—	36
Epileptic .. .	—	—	1	1
Physically Handicapped .. .	1	1	1	2
Maladjusted .. .	9	—	—	—
Speech Defect .. .	—	—	—	—
Diabetic .. .	—	—	—	—
	13	48	7	55

There are 11 categories of Handicapped Pupils. Blind, Partially Sighted, Deaf, Partially Deaf, Delicate, Educationally Subnormal, Epileptic, Physically Handicapped, Maladjusted, Diabetic and those suffering from a Speech Defect.

Due to the number of Educationally Subnormal Children on the School Rolls, which form the largest number of Handicapped Pupils, there is an urgent need for special classes in all schools, and a special school if this is feasible.

An Educationally Subnormal child is constantly striving to keep up with his fellows in class, and sooner or later he gives up the fight and eventually loses interest. His further education suffers considerably as a result.

Ascertainment of Educationally Subnormal children continued throughout the year. It is hoped that the Deputy Medical Officer of Health (who is also Assistant School Medical Officer), will be able to give more time to this matter in the coming year. There is a very large waiting list for ascertainment.

It is hoped that Head Teachers of Schools will bring to the notice of the Medical Officers any children whom they know to be mentally retarded.

### 5. Infectious Diseases.

**Diphtheria and Diphtheria Immunisation.** There were no cases of Diphtheria recorded in the Borough this year. This again testifies to the success of Diphtheria Immunisation.

180 children had a full course of immunisation, and 591 children were given a reinforcement or "booster" dose against diphtheria. It is estimated that 97% of school children in the Borough are protected against Diphtheria.

**Scarlet Fever.** There were 87 cases of Scarlet Fever during 1949. Of these, 15 cases were admitted to Hospital. This disease continues in a mild form and only those cases with complications, or where there is difficulty in isolating the child in a crowded home, were admitted to Hospital.

**Measles.** There were 310 cases of Measles notified during 1949. This shows a big increase since 1948 when only 45 cases were notified. A low incidence in 1950 can, however, be anticipated. This biennial periodicity is a characteristic feature of the disease.

**6. Tuberculosis.** There were 2 cases of Pulmonary Tuberculosis in School Children notified during 1949. One case was admitted to the Sanatorium. The other died of the disease.

There were 4 cases of Non-Pulmonary Tuberculosis notified during 1949, and these are being kept under observation.

### 7. Deaths of Children of School Age.

There were 4 deaths amongst school children. Three of these were due to accidents, and one to Pulmonary Tuberculosis.

### 8. Minor Ailments Clinic.

During 1949, there were 4,029 attendances at the clinic for treatment of Minor Ailments, excluding attendances for disinfection. It is worthy of note that since the introduction of the National Health Service Act, whereby free treatment for children by General Practitioners is provided, has not appreciably affected attendances at the School Clinic for Minor Ailments.

## 9. Transitionally-Assisted Schools.

Medical Inspections were continued at the Grammar School and the Girls' High School during 1949.

The following examinations took place during the year.

1. Entrants coming from Primary maintained schools, who were not inspected during their last year at the Primary School.
2. Entrants coming from a Private School or from a School maintained by another Authority, and whose record cards do not show that a recent Medical Inspection has been held.
3. Children on the roll on attaining the ages of 13, 15 and leavers of 17 years or over.

There were also re-inspections of selected cases referred from previous medical inspections, and inspection of special cases who had been brought forward by the Head Master or Head Mistress.

The tables at the end of this Report record the Inspections carried out and the defects found.

## 10. Nursery Schools.

The nursery classes at Christ Church, Stafford Street and Short Street Schools continued as usual throughout the year. New toddlers were seen with the entrants each term and re-inspection was carried out when necessary.

## 11. Employment of School Children.

The following table shows the number of children examined and passed fit for employment.

		Boys	Girls	Total
Newspaper delivery ..	..	69	7	76
Parcel delivery ..	..	3	-	3
Errands ..	..	14	-	14
Milk delivery ..	..	1	-	1
Dental Mechanic ..	..	1	-	1
Bundling firewood ..	..	1	-	1
Pianist ..	..	-	1	1
Learner in Photographic Dept.		-	1	1
		—	—	—
		89	9	98
		—	—	—

## 12. School Meals Service and Free Milk Scheme.

The number of meals served was as follows :--

Children	..	..	..	427,645
Staff and Helpers		..	..	41,402
Students	..	..	..	6,383

5,988 Children were supplied with free milk during the year.

## 13. Physical Education.

**General.** During the year there has been a consolidation in the facilities for swimming and organised games, an expansion in athletics and some clarification of opinion about the physical education for junior school children.

**Visits to Schools.** Mr. A. J. Rodger, H.M.I. Physical Education, made two visits to the Borough and saw some of the work in the schools. Amongst other matters, Mr. Rodger was consulted about the lay-out and development stages of the Hillside Playing Fields and his recommendations were passed to the Borough Surveyor.

Visits were made by the Committee's Organisers to the schools, playing fields and swimming baths, where the work seen was discussed with the teachers. In most cases general guidance was given, but where detailed guidance was considered necessary, this was followed up by a series of demonstration lessons.

In those junior schools which were provided with out-door fixed apparatus, an Organiser spoke to the whole staff on the modern trends of physical education for junior children. Discussions followed and the co-operation of the Head-teachers in arranging staff meetings of this nature is valued.

**The Junior Schools.** Since the publication of the Ministry's Physical Education Syllabus for junior schools in 1933, much experimental work has been carried out to meet the needs of boys and girls of 7 to 11 years.

The attitude at present advocated by the Committee's Organisers is that physical education should be introduced to children in a friendly informal way and these methods should continue throughout the junior school; that fixed or portable apparatus should be placed at the children's disposal as a means of discovering and experiencing the movements they are able to make with their own bodies; that segregation of the sexes is desirable for the older children in the junior schools.

This involves a timely break from the dull routine of being taught. There is however still a place for a short series of exercises, which the children perform as a class, either in unison or in each child's individual time. The choice of exercise is left entirely with the teacher and there is now no pretence that a series of exercises can be entirely progressive or that such a series, however well devised, will appeal to every child or fit every child's development. This part of the lesson is the teacher's opportunity to expose the class to the stimulating contagion of joyous movement. The remainder of the lesson and the major part of it is then devoted to games and work on the apparatus. Here the children should work in happy association with other children in small groups. This is the period when their appetite for a greater range of skill and activity is whetted and satisfied.

**Organised Games.** The policy of enabling all secondary school pupils and those children in their last year at the junior schools to enjoy a weekly period of organised games on a turf pitch was continued. In addition two junior schools in a thickly populated part of the Borough extended this provision to their younger classes. This expansion was assisted by the re-opening of the Anglesey Recreation Ground after re-seeding.

The pavilions on the Belvoir Road and Shobnall Playing Fields were completed, while a portion of the Belvoir Road field was recovered from emergency cultivation and will provide a much needed practice hockey pitch next season. A small hut to be used as a changing room and games store was erected on the Horninglow Recreation Ground for the use of the Horninglow Junior School.

The Education Department acknowledges the considerable assistance given by the Parks Department which has enabled this programme to be carried out.

**Swimming.** Since 1939 when swimming was accorded a place on the Borough's school time-tables there has been a gradual growth in the demands from the schools for special reservations. So great is this demand in the summer months that it can only be met in part, yet we have continued to recognise the swimming needs of the schools in the adjacent districts of Staffordshire, Derbyshire and Leicestershire.

All-the-year swimming is an ideal and it must be reported with satisfaction that during the winter 49/50 there has been an increase from 30 weekly swimming sessions to 35. Of this total 5 periods were for junior schools and 30 periods for secondary schools.

The badge system was continued as a stimulus likely to improve the standard of swimming and the Education Committee again awarded 50 studentships to pupils between 10 and 18 years who showed special aptitude in swimming.

The interest in swimming among school children is rightly reflected in the increasing numbers who attend the baths in their own time. An even stricter measure of interest is the increasing numbers who attend during the Spring Half Term holiday, when the winter is telling.

**Athletics.** The Athletic Championships of the Derbyshire Schools' Sports Association were held in the Borough during June 1949. Of the fifteen Associations which competed, the honours went to the Chesterfield team, which retained the three trophies for the Meeting. The Burton upon Trent Association is to be congratulated on its efficient staging of these Championships.

Most of the junior schools held Field Days during the Summer Term. Such days provide an opportunity for parents and younger brothers and sisters to make contact with the school. The Annual Inter-Junior School Athletic Meeting followed. This Athletic Meeting does tend to standardise the Field Days in that they are used as selection trials. This in turn means that a narrow specialised training for these events is taken in the weeks beforehand. While the motives of the staffs are of the highest it must be said that National opinion has moved against formal inter-school meetings and considers them unsuitable for junior children. The Borough's teachers might well consider whether the time has not come to discontinue such meetings and so allow a greater variety of games and activities of an athletic type to be used in the Field Day programmes.

**Out-of-School Activities.** The Schools' Athletic Association has continued its important function in catering for and promoting participation in physical activities beyond normal school hours. Inter-school matches and competitions were held in Association Football, Netball, Athletics and Swimming, and in this way many pupils with athletic interests and aptitudes found both purpose and a competitive outlet for their skill.

An Association Football team competed for the Jackson Shield, but found the Derby team too good. The town's school swimming team competed in the Derbyshire Championships with distinction.

The boys obtained first places in every individual and team event, while the girls took all the honours in the team events. There can be no doubt about the town's strength in competitive school swimming.

There has been a gradual growth in the number of inter-school cricket and hockey matches arranged by the secondary modern schools, while Waterside Junior School ran a Whitsun Camp for a small party of boys.

The extra coaching, the duties as officials and the organisation of all these activities have been undertaken by the teaching staffs in their own time. As many teachers are engaged in activities throughout the year, the amount of time spent and the intensity of their effort is commendable. It deserves the thanks of this Authority and all parents.

**Facilities.** The recommendation made in last year's report that Head-teachers should insist on their school halls being swept out by the caretakers after the mid-day meal has improved the cleanliness of the halls for the afternoon lessons. This extra cleaning should continue. The school playgrounds are educational spaces and their regular sweeping should be demanded.

The installation of apparatus so that all secondary schools can carry out an adequate gymnastic programme has been furthered during the year by providing beams and climbing ropes in the All Saints' premises for the Technical High School and by fully equipping a hall as a gymnasium at Victoria Road Secondary Modern School.

The provision of out-of-door climbing apparatus for infants and juniors is no less necessary to meet the younger children's needs. Such apparatus has been fixed in Horninglow, Uxbridge and St. Peter's Junior Schools together with Horninglow and Uxbridge Infant Schools. The Head-teachers and staff were consulted beforehand and some of their suggestions have been incorporated. Modifications may be necessary and improvements will no doubt follow. Likewise safety measures have been discussed with the Head-teachers and staffs and guidance has been given in allowing the fixed climbing apparatus to be used beyond the normal lessons, i.e. lunch hour, playtime breaks, before and after school.

During the year the Committee's Organiser for Physical Education for girls and infants, Miss R. I. Auty, resigned her post to become Lecturer in Physical Education at the Ripon Training College. Her successor is Miss E. Jones who has held organising posts at Derby and Dudley before coming here.

**14. Children's Care Committee.** There follows the report of the Children's Care Committee. This Committee again gave valuable assistance by arranging periods of Convalescence for children who needed it.

## CHILDREN'S CARE COMMITTEE

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### Report for the Year 1949

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The Children's Care Committee was re-appointed by the Education Committee in November, 1948, and in May, 1949, and was constituted as follows:—

Mrs. Curzon, Miss Evershed, Mrs. L. George, Mrs. R. Lorimer, Mrs. Macgilp, Mrs. Piddocke, Mrs. Rowland, Mrs. Templeman, Mrs. F. G. Thompson and Mrs. Walley.

The Officers were elected for 1949, viz. :—

<i>Chairman</i>	..	..	..	Mrs. Rowland
<i>Vice-Chairman</i>	..	..	..	Mrs. Macgilp
<i>Hon. Secretary and Treasurer</i>	..			Miss Evershed

During the year news was received with deep regret of the passing of Mrs. Roger Green and Mrs. Slator.

Mrs. Roger Green was a member of the Committee when it first began work in 1910 and was Chairman for many years.

Mrs. Slator was a member and chairman also for many years. The Committee feel that their work owes a great deal to the splendid example of service, and the wise guidance of these two late members.

At the end of the year the Committee received with great regret the resignation of Mrs. Templeman, who had been a valued member since November, 1926, giving willing and reliable service. They record their appreciation of her work.

The Committee met six times during the year.

29 Cases were reported to them and were dealt with as follows :—

1. Boy aged 8½ years.	Sent to Convalescent Home. Bournemouth for	4 weeks.
2. Girl aged 5 years.	do.	Southport for 5 weeks.
3. Girl aged 11 years.	do.	Southport for 4 weeks.
4. Boy* aged 9 years.	do.	Southport for 4 weeks.
5. Girl* aged 10½ years.	do.	Southport for 4 weeks.
6. Girl aged 9 years.	do.	Bournemouth for 8 weeks.
7. Girl* aged 7 years.	do.	Southport for 4 weeks.
8. Boy* aged 7 years.	do.	St. Annes for 4 weeks.
9. Boy aged 5 years.	do.	St. Annes for 3 weeks.
10. Girl aged 7 years.	do.	St. Annes for 4 weeks.
11. Girl aged 7 years.	do.	St. Annes for 4 weeks.
12. Boy aged 9 years.	do.	St. Annes for 4 weeks.
13. Boy aged 8 years.	do.	St. Annes for 4 weeks.
14. Girl aged 12 years.	do.	St. Annes for 4 weeks
15. Boy aged 7 years.	do.	St. Annes for 3 weeks.
16. Girl aged 11 years.	do.	St. Annes for 1 week.
17. Girl* aged 6 years.	do.	St. Annes for 4 weeks.
18. Boy* aged 6 years.	do.	St. Annes for 4 weeks.
19. Girl* aged 7½ years.	do.	St. Annes for 3 weeks.
20. Girl aged 13 years.	do.	St. Annes for 3 weeks.
21. Girl aged 9½ years.	do.	St. Annes for 3 weeks.
22. Girl aged 5 years.	do.	St. Annes for 3 weeks.
23. Boy aged 5 years.	do.	St. Annes for 3 weeks.
24. Girl aged 14 years.	Recommended for Convalescent Treatment. Parents did not wish her to go.	
25. Boy aged 12 years.	Recommended for Convalescent Treatment. Could not be admitted on account of his age. Parent sent him to stay with a relative at the seaside.	
26. Girl aged 14 years.	Recommended for Convalescent Treatment. Could not be admitted on account of her age.	
27. Boy* aged 6 years.	Waiting for Convalescent Home Treatment.	
28. Girl aged 5 years.	Waiting for Convalescent Home Treatment.	
29. Boy aged 5 years.	Sent to Open-Air School at Smethwick.	

The eight Cases marked \* were sent by the "Burton Observer" Uncle Jack Fund to Convalescent Homes, the members of the Committee visiting them, after examination at the School Clinic by the Assistant School Medical Officer.

In September, the North of England Children's Sanatorium, Southport, ceased to be able to admit our children. A Convalescent Home at St. Annes-on-Sea was found and has been of great service

The Committee acknowledge the help of the Voluntary Aid Association in granting the railway fare in one case.

The Feoffees gave a grant of £25, and provided maintenance at Convalescent Homes for 16 children for 60 weeks and this generous assistance is gratefully acknowledged.

M. ROWLAND, *Chairman,*  
PHYLLIS M. EVERSHED,  
*Hon. Secretary.*

### 15. Acknowledgements.

The thanks of the staff of the School Health Service are due to all those who have assisted them in their efforts to raise the general level of the health of the school child. In particular to the Head Teachers of the schools, to the staff of the Infirmary and the general practitioners of the area, to the Child Welfare Officers, to the Director of Education and his staff and to the Children's Care Committee.

Finally, I desire to express my thanks to the Committee for their support during the year and to Dr. Collins, who has been largely responsible for the preparation of this Report.

I am,

Your obedient servant,

W. ALCOCK.

*School Medical Officer.*

**MEDICAL INSPECTION TABLES, 1949****Number of Children.**

Average number of children on the roll	..	..	6,865
Average attendance	..	..	6,099

**Table 1****Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.****A.—PERIODIC MEDICAL INSPECTIONS.****Number of Inspections in the prescribed Groups :—**

Entrants	..	..	..	..	..	860
Second Age Group	..	..	..	..	..	614
Third Age Group	..	..	..	..	..	496
<b>Total</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>1,970</b>

Number of other Periodic Inspections	..	..	..	..	..	—
--------------------------------------	----	----	----	----	----	---

<b>Grand Total</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>1,970</b>
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**B.—OTHER INSPECTIONS**

Number of Special Inspections	..	..	..	..	..	944
Number of Re-Inspections	..	..	..	..	..	4,210
<b>Total</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>5,154</b>

**C.—PUPILS FOUND TO REQUIRE TREATMENT****Number of individual Pupils found at Periodic Medical Inspection to Require Treatment. (Excluding Dental Diseases and Infestation with Vermin)**

Group (1)	For defective vision (exclud- ing squint) (2)	For any of the other conditions recorded in Table 11A (3)	Total individual pupils (4)
Entrants .. ..	1	200	195
Second Age Group ..	21	59	80
Third Age Group ..	13	10	23
Total (prescribed groups)	35	269	298
Other Periodic Inspections	—	—	—
<b>GRAND TOTAL</b> ..	<b>35</b>	<b>269</b>	<b>298</b>

Table 2(a)

## Defects found by Medical Inspection

Defect Code No.	DEFECT OR DISEASE	Periodic Inspections		Special Inspections	
		No. of Defects	Requiring Treatment	No. of Defects	Requiring Treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin .. .. .. .. ..	31	32	125	28
5	Eyes—(a) Vision .. .. .. .. ..	35	122	53	88
	(b) Squint .. .. .. .. ..	4	15	11	18
	(c) Other .. .. .. .. ..	16	10	110	12
6	Ears—(a) Hearing .. .. .. .. ..	1	8	—	23
	(b) Otitis Media .. .. .. .. ..	22	14	23	8
	(c) Other .. .. .. .. ..	—	3	7	3
7	Nose or Throat .. .. .. .. ..	85	238	53	58
8	Speech .. .. .. .. ..	10	17	28	13
9	Cervical Glands .. .. .. .. ..	5	109	—	18
10	Heart and Circulation .. .. .. .. ..	2	74	—	21
11	Lungs .. .. .. .. ..	9	94	—	52
12	Developmental—(a) Hernia .. .. .. .. ..	1	6	2	—
	(b) Other .. .. .. .. ..	—	—	—	—
13	Orthopaedic—(a) Posture .. .. .. .. ..	4	65	2	13
	(b) Flat foot .. .. .. .. ..	10	33	8	6
	(c) Other .. .. .. .. ..	6	7	2	1
14	Nervous system—(a) Epilepsy .. .. .. .. ..	1	5	—	2
	(b) Other .. .. .. .. ..	6	19	11	14
15	Psychological—(a) Development .. .. .. .. ..	—	—	—	4
	(b) Stability .. .. .. .. ..	—	7	—	5
16	Other .. .. .. .. ..	56	142	181	138

**Table 2(b)**

**Classification of the General Condition of Pupils Inspected  
during the year in the Age Groups.**

Age Groups (1)	No. of pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. ..	% of col. 2 (3)	No. ..	% of col. 2 (4)	No. ..	% of col. 2 (5)
Entrants .. ..	860	199	23.1	608	70.6	53	6.3
Second Age Group .. ..	614	161	26.2	381	62.1	72	11.7
Third Age Group .. ..	496	110	22.2	330	66.5	56	11.3
Other Periodic Inspections .. ..	—	—	—	—	—	—	—
<b>TOTAL</b> .. ..	<b>1970</b>	<b>470</b>	<b>23.3</b>	<b>1319</b>	<b>66.9</b>	<b>181</b>	<b>9.8</b>

**Table 3.****Infestation with Vermin.**

(i) Total number of examinations in the Schools by the School Nurses or other authorized persons .. .. ..	21,523
(ii) Total number of <i>individual</i> pupils found to be infested .. ..	586
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) —	—
iv) Number of individual pupils in respect of whom Cleansing Orders were issued (Section 54 (3) Education Act, 1944) .. ..	—

**Table 4**  
**Treatment Tables**

**Group I.—Minor Ailments (excluding Uncleanliness).**

							Number of Defects treated, or under treatment during the year
(a) SKIN—							
Ringworm—Scalp—							—
(i) X-Ray Treatment.	..	..	..	..	..	..	—
(ii) Other Treatment	..	..	..	..	..	..	—
Ringworm—Body	..	..	..	..	..	..	1
Scabies	..	..	..	..	..	..	20
Impetigo	..	..	..	..	..	..	63
Other Skin Diseases	..	..	..	..	..	..	89
EYE DISEASE (External and other, but excluding errors of refraction, squint and cases admitted to hospital)	..	..	..	..	..	..	126
EAR DEFECTS Treatment for serious diseases of the ear (e.g. operative treatment in hospital) not recorded here, but in the body of the School Medical Officer's Annual Report	..	..	..	..	..	..	40
MISCELLANEOUS (e.g. minor injuries, bruises, sores, chilblains, etc.)	..	..	..	..	..	..	247
TOTAL	..	..	..	..	..	..	586

(b) Total number of attendances at Authority's Minor Ailments Clinics	..	..	..	..	..	..	4029
(c) Total number of attendances including uncleanliness	..	..	..	..	..	..	5917

**Group II.—Defective Vision and Squint (excluding Eye Disease  
treated as Minor Ailments—Group I).**

							No. of Defects dealt with
Errors of Refraction (including squint)	..	..	..	..	..	..	66
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	..	..	..	..	..	..	—
Total	..	..	..	..	..	..	66
No. of Pupils for whom spectacles were—							
(a) Prescribed	..	..	..	..	..	..	67
(b) Obtained	..	..	..	..	..	..	47

**Group III.—Treatment of Defects of Nose and Throat.**

						Total number treated
Received Operative Treatment—						
(a) For Adenoids and Chronic Tonsillitis	..	..				101
(b) For other Nose and Throat Conditions	..	..				—
Received other forms of Treatment	..	..	..	..	..	—
TOTAL	..	..	..	..	..	<u>101</u>

**Group IV.—Orthopaedic and Postural Defects.**

(a) Number treated as In-Patients in Hospitals or Hospital Schools	..	..	..	..	..	7
(b) Number referred for treatment, e.g., in Clinics or Out-Patient Departments	..	..	..	..	..	32

**Group V.—Child Guidance Treatment and Speech Therapy.**

## Number of Pupils Treated—

(a) Under Child Guidance arrangements	..	..	—
(b) Under Speech Therapy arrangements	..	..	112

Table 5.

## Dental Inspection and Treatment.

1.	Number of Pupils inspected by the Authority's Dental Officers—						
	(a) Periodic Age Groups .. .. .. .. ..						2774
	(b) Specials .. .. .. .. ..						1030
	(c) TOTAL (Periodic and Specials) .. .. .. .. ..						3804
2.	Number found to require treatment .. .. .. .. ..						2901
3.	Number actually treated .. .. .. .. ..						2679
4.	Attendances made by pupils for treatment .. .. .. ..						3163
5.	Half-days devoted to :						
	(a) Inspection .. .. .. .. ..						23
	(b) Treatment .. .. .. .. ..						451
	TOTAL (a) and (b) .. .. .. .. ..						474
6.	Fillings—						
	Permanent Teeth .. .. .. .. ..						1007
	Temporary Teeth .. .. .. .. ..						331
	TOTAL .. .. .. .. ..						1338
7.	Extractions—						
	Permanent Teeth .. .. .. .. ..						268
	Temporary Teeth .. .. .. .. ..						2315
	TOTAL .. .. .. .. ..						2583
8.	Administration of general anaesthetics for extraction .. .. .. ..						667
9.	Other Operations—						
	(a) Permanent Teeth .. .. .. .. ..						677
	(b) Temporary Teeth .. .. .. .. ..						395
	TOTAL (a) and (b) .. .. .. .. ..						1072

## TRANSITIONALLY-ASSISTED SCHOOLS

### Return of Medical Inspections for year ended the 31st December, 1949

#### A.—ROUTINE MEDICAL INSPECTIONS

Age	Under 9 years .. —
	9     ,,     ..     —
	10    ,,     ..     13
	11    ,,     ..     31
	12    ,,     ..     11
	13    ,,     ..     3
	14    ,,     ..     108
	15    ,,     ..     60
	16    ,,     ..     48
	17    ,,     ..     28
	18    ,,     ..     —
	302
	—

#### B.—OTHER INSPECTIONS

Number of special inspections ..	..	..	25
Number of re-inspections ..	..	..	471
			—
			496
			—

#### C.—INDIVIDUAL CHILDREN

Found to require treatment ..	..	..	26
(excluding uncleanliness and dental diseases)			

## TRANSITIONALLY-ASSISTED SCHOOLS

### A Return of Defects found by Medical Inspection in the year ended 31st December, 1949

Defect Code No.	DEFECT OR DISEASE	Periodic Inspections		Special Inspections	
		No. of Defects	Requiring Treatment	No. of Defects	Requiring Treatment
4	Skin .. .. .. .. ..	4	5	2	3
5	Eyes—(a) Vision .. .. .. .. ..	10	53	—	6
	(b) Squint .. .. .. .. ..	—	—	—	—
	(c) Other .. .. .. .. ..	2	—	—	—
6	Ears—(a) Hearing .. .. .. .. ..	—	—	1	—
	(b) Otitis Media .. .. .. .. ..	2	—	—	2
	(c) Other .. .. .. .. ..	—	—	—	1
7	Nose or Throat .. .. .. .. ..	—	—	2	—
8	Speech .. .. .. .. ..	3	—	—	—
9	Cervical Glands .. .. .. .. ..	1	—	14	—
10	Heart and Circulation .. .. .. .. ..	—	—	13	—
11	Lungs .. .. .. .. ..	—	—	9	2
12	Developmental—(a) Hernia .. .. .. .. ..	—	—	—	—
	(b) Other .. .. .. .. ..	—	—	—	—
13	Orthopaedic—(a) Posture .. .. .. .. ..	—	—	9	—
	(b) Flat foot .. .. .. .. ..	2	—	12	—
	(c) Other .. .. .. .. ..	—	—	4	1
14	Nervous system—(a) Epilepsy .. .. .. .. ..	—	—	—	—
	(b) Other .. .. .. .. ..	—	—	—	—
15	Psychological—(a) Development .. .. .. .. ..	—	—	—	—
	(b) Stability .. .. .. .. ..	—	—	1	—
16	Other .. .. .. .. ..	4	22	—	7
	TOTALS .. .. .. .. ..	28	147	6	19

## TRANSITIONALLY-ASSISTED SCHOOLS

**Return of Defects treated during the year ended  
the 31st December, 1949**

### Defective Vision and Squint

	Number of defects dealt with		
	Under Authority's Scheme	Otherwise	Total
ERRORS OF REFRACTION (excluding squint) .. .. .. ..	—	—	—
Number of children for whom spectacles were			
(a) Prescribed .. .. .. ..	—	58	58
(b) Obtained .. .. .. ..	—	38	38



